

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10825150</div>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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50							100				
Total Indep											

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Total Depend						
Total Claims						

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